

CARLSBAD POLICE DEPARTMENT

Holistic Health Practitioner License Procedure

The following is intended to provide a sequential outline of the process for obtaining a **City of Carlsbad Holistic Health Practitioner License**. It is provided for informational purposes and does not represent an obligation or contract to issue a Massage Technician license or any other license.

Please refer to Title 5, Chapter 5.16 of the City of Carlsbad Municipal Codes for regulations, requirements, and qualifications for licenses <http://www.carlsbadca.gov/chall/ccodes.html>

1. Applicant

1. Obtain application and medical statement forms from the Carlsbad Police Department.
2. When all paperwork is completed, make an appointment with Nancy Barnes or Judy Thomas at (760) 931-2145.
3. Appointment procedure is:
 - Pay license fee of \$50 and investigation background fee of \$50 (total \$100), **cash or check only**. Fees should be paid at the Carlsbad Police Department reception desk at the time of the appointment.
 - Fingerprints and photographs will be taken. (No other agency prints or photographs will be accepted).
 - Completed application will be reviewed and accepted.
 - Medical statement, completed by a licensed physician, will be reviewed and accepted. (Please use only the form we provided, any others will not be accepted.)
 - Please bring California Driver's License or other government-issued picture for confirmation of identity.
 - School certificates (1,000 hours of training from schools) will be reviewed. (Please bring originals only).
 - Certification of membership in recognized holistic health practitioner organization will be reviewed and accepted.
 - Insurance certificate (\$1,000,000 liability policy) will be reviewed and accepted. (Please bring original).
 - Original documents will not be kept by the police department.

B. Police Department

1. A local criminal history check will be completed and a California Department of Justice criminal history will be requested.
2. The police department will issue the City of Carlsbad Massage Technician License for a five-year period. If the license is not approved, applicant may request an appointment with the license review detective. The anniversary date shall be the same date that the license is issued.

Note: The applicant *should begin the license renewal process at least 60 days prior to the fifth anniversary date* to ensure the adequate time to process the application.

CARLSBAD POLICE DEPARTMENT
MASSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER
LICENSE APPLICATION

Full Name of Applicant: _____
(Last) (First) (Middle)

Other Names Used by Applicant: _____
(Last) (First) (Middle)

Physical Description: Sex _____ Age _____ HT _____ WT _____ Hair _____ Eyes _____

Date of Birth: _____ Place of Birth _____

Driver's License # _____ State _____ SSN _____

Residential Address of Applicant: _____

Home Phone # (____) _____ Work Phone # (____) _____

Name and Address of Employer: _____

Have you ever had any license or permit issued by an agency, board, city, county or state revoked or suspended, or had any professional or vocational license or permit revoked or suspended?

Yes _____ No _____ If yes, please explain _____

List history of applicant as a massage technician or holistic health practitioner or similar business. Begin with current place of employment.

FROM	TO	COMPANY NAME & ADDRESS	TYPE OF WORK
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List all criminal arrests and convictions, *excluding minor traffic violations*, and give explanation. **Failure to list arrests and convictions may result in non-issuance, revocation, or suspension of your license.**

DATE	PLACE	TYPE OF ARREST/CONVICTION & OUTCOME

I swear under penalty of perjury that no false, misleading, or fraudulent statements have been made on this application.

Applicant's Signature

Date

CARLSBAD POLICE DEPARTMENT
MASSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER
MEDICAL STATEMENT

This statement is to be completed by a **medical doctor only** (physicians' assistants will not be acceptable), within thirty (30) days prior to the application of the City of Carlsbad Police Department for a Massage Technician or Holistic Health Practitioner's license.

The necessary tests have been performed on _____
(Name of Applicant)
and the results of all tests have been determined that the above named individual is free
from syphilis, tuberculosis, or other contagious or communicable disease which is likely
to be communicated during the administration of a massage.

Signature of Medical Doctor

Date

MEDICAL DOCTOR'S INFORMATION
(Please print or use Stamp)

Name: _____ Phone # (____) _____

Business Address: _____
